

Choose HMSA Vision

Healthy vision is important to your employees' overall well-being. That's why HMSA is pleased to offer a vision plan that gives you flexibility, choices, and savings.

NETWORK



- The right mix of independent, national and regional providers
- Members can meet with an in-network provider when and where they want, in person or online
- 99% of HMSA members choose an in-network provider¹

BENEFITS



- Flexibility and freedom of choice provides maximum value
- Plan designs that fit your employees' needs
- Offered through your local trusted account team
- 97% of members are satisfied with their benefits²

EASY



- Valuable member tools make using benefits easy
- Special offers for savings beyond the vision benefit
- Hawaii-based Call Center with extended hours
- 99% agree benefits are easy to understand³



¹ Based on HMSA year to date commercial utilization as of 9/9/24.

² EyeMed internal member satisfaction survey conducted by Concentrix, 2022.

³ Based on 524 survey respondents, T2B National and Strategic segment. 97% of clients responding to the EyeMed Client Satisfaction (CSAT) Survey conducted by Walker Information, 2022.

	Standard 1A	Standard 1B	Standard Plus 1A	Standard Plus 1B	Premium 1A
Eye Exam	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment	\$10 copayment
Frames and Contacts Allowance	up to \$110	up to \$110	up to \$130	up to \$130	up to \$150
Lenses, Single vision, bifocal, trifocal	\$25 copayment	\$25 copayment	\$10 copayment	\$10 copayment	\$10 copayment
Frequency (months) Exam, lenses, frames	12/12/12	12/12/24	12/12/12	12/12/24	12/12/12

For more information about **HMSA Vision**, contact your account representative



	Standard 1A	Standard 1B	Standard Plus 1A	Standard Plus 1B	Premium 1A
Vision Care Services	In-Network Member Cost	In-Network Member Cost	In-Network Member Cost	In-Network Member Cost	In-Network Member Cost
Exam Services					
Exam	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Retinal Imaging	Up to \$39	Up to \$39	Up to \$39	Up to \$39	Up to \$39
Contact Lens Fit and Follow-Up					
Fit and Follow-up - Standard	Up to \$55	Up to \$55	Up to \$55	Up to \$55	Up to \$55
Fit and Follow-up - Premium	10% off retail price	10% off retail price	10% off retail price	10% off retail price	10% off retail price
Frame					
Frame	\$0 copay; 20% off balance over \$110 allowance	\$0 copay; 20% off balance over \$110 allowance	\$0 copay; 20% off balance over \$130 allowance	\$0 copay; 20% off balance over \$130 allowance	\$0 copay; 20% off balance over \$150 allowance
Lenses					
Single Vision	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$10 copay
Bifocal	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$10 copay
Bifocal - Blended	20% off retail price	20% off retail price	20% off retail price	20% off retail price	20% off retail price
Trifocal	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$10 copay
Lenticular	\$25 copay	\$25 copay	\$10 copay	\$10 copay	\$10 copay
Progressive - Standard	\$90 copay	\$90 copay	\$75 copay	\$75 copay	\$0 copay
Progressive - Premium Tier 1	\$110 copay	\$110 copay	\$95 copay	\$95 copay	\$95 copay
Progressive - Premium Tier 2	\$120 copay	\$120 copay	\$105 copay	\$105 copay	\$105 copay
Progressive - Premium Tier 3	\$135 copay	\$135 copay	\$120 copay	\$120 copay	\$120 copay
Progressive - Premium Tier 4	\$90 copay; 20% off retail price less \$120 allowance	\$90 copay; 20% off retail price less \$120 allowance	\$75 copay; 20% off retail price less \$120 allowance	\$75 copay; 20% off retail price less \$120 allowance	\$75 copay; 20% off retail price less \$120 allowance
Lens Options					
Anti Reflective Coating - Standard	\$45	\$45	\$45	\$45	\$45
Anti Reflective Coating - Premium Tier 1	\$57	\$57	\$57	\$57	\$57
Anti Reflective Coating - Premium Tier 2	\$68	\$68	\$68	\$68	\$68
Anti Reflective Coating - Premium Tier 3	20% off retail price	20% off retail price	20% off retail price	20% off retail price	20% off retail price
Photochromic - Non-Glass	\$75	\$75	\$75	\$75	\$75
Polycarbonate - Standard - age 19 and over	\$40	\$40	\$40	\$40	\$40
Polycarbonate - Standard - under age 19	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Scratch Coating - Standard Plastic	\$15	\$15	\$0 copay	\$0 copay	\$0 copay
Tint - Solid and Gradient	\$15	\$15	\$15	\$15	\$15
UV Treatment	\$15	\$15	\$15	\$15	\$15
All Other Lens Options	20% off retail price	20% off retail price	20% off retail price	20% off retail price	20% off retail price
Contact Lenses					
Contacts - Conventional	\$0 copay; 15% off balance over \$110 allowance	\$0 copay; 15% off balance over \$110 allowance	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$150 allowance
Contacts - Disposable	\$0 copay; 100% of balance over \$110 allowance	\$0 copay; 100% of balance over \$110 allowance	\$0 copay; 100% of balance over \$130 allowance	\$0 copay; 100% of balance over \$130 allowance	\$0 copay; 100% of balance over \$150 allowance

Limitations

Taxes: General excise or other tax is not included in the Eligible Charge covered by the plan. A beneficiary is responsible for paying all taxes.

Exclusions

Benefits will not be payable under a Covered Policy for expenses incurred for: broken, lost or stolen lenses, contact lenses or frames; medical or surgical treatment of the eye, unless such treatment is performed during a Vision Examination, subject to the applicable Vision Examination Maximum Benefit shown in the Master Application; services or materials which are payable under any Worker's Compensation Act or similar law or any public program; services or materials rendered by a provider other than an Ophthalmologist, Optometrist, or Optician acting within the scope of his or her license; any additional service required outside basic vision analyses for contact lenses, except fitting fees; vision examination for vision materials that may be required as a condition of employment, including but not limited to industrial or safety glasses; services rendered after the date an Insured Person ceases to be covered under the Covered Policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the Insured Person within 31 days from the date of such order; services rendered or materials ordered before the date coverage began under the Covered Policy.

Regardless of Optical Necessity, benefits are not available more frequently than that which is specified in the Master Application.

In the event of a conflict or inconsistency between the Limitations and Exclusions listed above and the Limitations and Exclusions listed in the Covered Policy, the Limitations and Exclusions listed above shall take precedence.